



State of Maryland Executive Department

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Single Point of Entry

Proposal Outline for Residential Child Care Facilities

All proposals for new child placement agencies are now submitted online through SCYFIS. New providers must attend a Single Point of Entry training before a proposal can be submitted. All Residential Child Care Agencies must comply with COMAR 14.31.05 and 14.31.06. Certain types of programs must also comply with certain chapters of COMAR 14.31.07. Additionally, Therapeutic Group Homes must comply with COMAR 10.21.07 and DDA licensed programs must comply with COMAR 10.22.02.

This document contains sections that are designed to help and guide prospective providers as they develop a Single Point of Entry proposal. There are explanatory notes to aid in completing the Proposal Face Sheet. The proposal outline helps providers to address major program development areas.

Finally, there is a Proposed Budget Page that is included for planning purposes only at this juncture of the process. Any budget developed for the proposal will be for planning purposes of the provider and a point of reference for the licensing agency.

It is recommended that the proposal be written as a Word document and then cut and pasted into SCYFIS (State Children, Youth and Families Information System).

Before submitting your proposal via SCYFIS, please ensure that you have checked it for readability and grammar and spelling mistakes. A poorly written proposal may slow down the SPE process as it will require GOC to request clarifications and revisions.

Completing the Proposal Face Sheet

- Program Name:** The name by which your program will be known.
- Date Attended SPE:** New providers must attend a SPE training before submitting a proposal. If registration was done online, the date of attendance will auto fill into this section.
- Corporation Name:** The name of your corporation, if you are currently incorporated.
- Contact Person:** The person who is to receive all correspondence concerning your proposal.
- Mailing Address:** The address to which all correspondence concerning your proposal is to be sent.
- Contact Information:** The telephone, facsimile numbers, and electronic mail address for the contact person.
- Type of Program:** Please use one of the following:
- ☐ **Alternative Living Unit (ALU)**
A residence licensed by DDA that provides residential services for children in out-of-home care who, because of developmental disability, require specialized living arrangements; and admits not more than 3 individuals.
 - ☐ **Group Home - Small (GHS)**
A residence licensed by DDA, DHR or DJS for children in out-of-home care who need more structure and supervision than a relative, foster parent or treatment foster parent could offer, with a formal program of basic care, social work and health care services.

Department of Human Resources (DHR) licenses 4 to 12 beds; DDA licenses 4 to 8 beds for the developmentally disabled only; and the Department of Juvenile Services (DJS) licenses 5 to 12 beds.

☐ **Group Home - Large (GHL)**

A facility licensed by either DHR or DJS for 13 or more children in out-of-home care who need more structure and supervision than a relative, foster parent or treatment foster parent could offer, with a formal program of basic care, social work and health care services. DJS licensed Group Homes - Large will serve youth committed to placement by the juvenile courts and the length of stay is generally 6 to 9 months.

☐ **Therapeutic Group Home - (TGH)**

A facility for 4 to 8 youth in out-of-home care that is licensed by the Mental Hygiene Administration (MHA), and must be a non-profit organization. A TGH provides residential care as well as access to a range of diagnostic and therapeutic mental health services for children and adolescents who have mental disorders.

☐ **Shelter Care - 60 days (S)**

A facility licensed by either DHR or DJS for the temporary placement of children in out-of-home care.

☐ **Shelter Care - 90 days (S)**

A facility licensed by DHR for the temporary placement of children in out-of-home care.

☐ **Medically Fragile Program (MFP)**

A program serving youth whose medical condition is potentially life threatening (see COMAR 14.31.07.07 for specific conditions). The care provided to the youth must require 24 hour nursing care provided by an R.N. or L.P.N.

☐ **Runaway Program (SRP)**

A facility licensed by DJS or DHR to be a 24 hour program designed to provide temporary (i.e. generally less than 14 days) shelter and support services to youth admitted on a voluntary basis. The goal is to reunite the youth with their families, whenever appropriate.

☐ Other type of program, please specify.

Type of Corporation: Will your corporation be not-for-profit or for-profit?

Current License: If your corporation currently has licensure for programs for youth, please complete the requested information.

Number of Youth You Plan to Serve: Please indicate "male" or "female."

Age Range of Youth: Self explanatory.

Populations to Be Served: Please complete this entire section as requested on the face sheet. Please address each category. You may indicate "N/A" for those categories of youth that you do not wish to serve.

IQ Range: Please indicate the IQ Range of youth you intend to serve. If you are serving youth with an IQ of 70 and below, you must be licensed by DDA.

Have the Face Sheet and Proposal Been Developed by a Consultant? Please check appropriate box. Please read the note on this page regarding paid and unpaid assistance.

IMPORTANT:
Please be sure to sign and date the proposal face sheet.

Proposal Outline

The purpose of the proposal is to ensure that the potential provider is able to translate regulations into programmatic practice. Therefore, simply cutting and pasting regulations into the proposal is not acceptable. At a minimum, all items in each section must be addressed. It should be neat and proofread for grammatical and spelling accuracy. Do not submit your policies and procedures with this proposal.

Section 1: The Business

1. Mission Statement - What is the mission of your organization?

2. Program Administrator

- Please review COMAR 14.31.06.06 for the qualifications for the Program Administrator.
- Please submit a resume for this individual.
- Please indicate if you will be hiring a Program Administrator or if the founder of the program will be serving in this role.
- What experience does this person have working with youth, including any prior experience operating residential programs for youth?
- Has this person worked in a residential program for youth either as paid staff or as a volunteer? Please describe.
- What type of experience does this person have in working with the specified populations?

3. Personal or Organization Experience

- If this is an organization, please give a brief history of your organization.
- What experience does your organization have in working with youth and families?
- What types of youth has your organization served?
- What type of experience does your organization have in working with the specified populations?

4. Board of Directors

- Do you have a Board of Directors? If so, please include members' resumes.
- If you do not have a Board of Directors, please describe the types of individuals you will ask to serve in the role of member of the Board of Directors.
- Describe the duties and responsibilities of the Board
- If it is an out-of-state corporation, describe your advisory board here. If it is a therapeutic group home, describe your advisory board here.

5. Description of your program

- Provide a detailed description of your program's residential plan that includes:
 - Philosophy of care
 - Care and supervision
 - Behavioral management
 - Family involvement and how you promote, assure, supervise and manage this involvement
 - Treatment planning process
 - Therapeutic services to youth and families
 - Gender specific programming
 - Culturally sensitive programming
 - Recreational and leisure activities in the home and in the community.
- If you will serve youth placed by the Department of Juvenile Services you must include the follow services and describe your implementation of these services:
 - Anger Management
 - Parenting Skills
 - Health & Hygiene Education/Counseling
 - Victim Awareness/Empathy Development
 - Life Skills Training
 - Job Readiness/Training/Placement/Retention
 - Community Service Learning
 - Case management model
 - Substance Abuse Screening
- What are the program strategies for youth to visit their homes? How will these home visits be structured? What mechanisms will be put in place for families should problems arise during a home visit?
- Provide a description for how you will accommodate youth with various religious preferences.

- If volunteers, mentors, and/or student interns are mentioned, describe how they will be recruited and oriented, who will supervise them, and what mechanism will be put into place if problems arise.
- If you are serving youth with physical disabilities, provide a description for how the facility will accommodate them.
- If you are offering programs that link youth to the community, offer a plan for ensuring confidentiality.
- If you are providing a therapeutic group home, explain how you will collaborate with the Core Service Agency.
- If you are providing a DDA program, explain how you will comply with DDA regulations.
- If you are providing another specially licensed program, explain how will you comply with those regulations in COMAR 14.31.07.

6. Assessment of need for your program

Please note: This information should be specific to the area where you plan to locate your facility and the target population that you intend to serve.

- Where do you plan to locate your program?
- What type of needs assessment/research have you done to establish the need for the service you will be providing? (Please use State and local data and trends rather than national data and trends.)
- What considerations will be given to the location of your program? Why is the area you are considering desirable? Will it be easily accessible? If not, what provisions will you make for families who do not have transportation?
- Does this area need the type of service you are planning on providing?
- Reference the source of your information. Demonstrate that you have been in contact with the LMB, local placing agency, or other agency that is aware of current trends in placements.

7. Marketing Plan

- What is your marketing plan?
- How will placement workers learn about you?

8. Community Relations Plan (14.31.06.09)

- How will you introduce your program to your neighbors prior to moving into the community?
- How will you deal with potential community hostility toward your program?
- How will you train staff and youth to deal with potentially hostile neighbors?
- What is your on-going community relations plan?
- How will your program integrate residents into the community?

9. Educational Plan (14.31.06.12)

- How will you work with your local school system?
- How will you introduce your program to the local school system?
- How will you introduce new youth coming into your program to the local school system?
- How will you work with your local school system to assure residents' special education needs will be met?
- How will your program ensure that youth participate fully in all educational activities offered by the local school system (i.e., extra-curricular activities, field trips, etc.)
- How will your program ensure that a youth's confidentiality is not compromised by program staff?
- How will your program ensure that youth are not further stigmatized or embarrassed by frequent visits to the school?

10. Health Care Access and Supervision (14.31.06.13)

- How will your program work with the ValueOptions® to obtain medical services?
- Describe your health care plan including:
 - Nutrition
 - Routine and emergency health care
 - Routine and emergency dental care
 - Medication administration

11. Mental Health Care Access and Supervision

- If you plan to provide mental health services as part of your per diem rate, provide a detailed description of those services
- How will your program work with MAPS-MD to obtain mental health services outside of your program?
- Describe your plan for crisis intervention.
- How will your program handle mental health emergencies?

12. Management Plan

- What is your program management plan?
- Provide list of all staff and consultant positions with a brief description of responsibility and credentials required for each.
- Complete the staffing chart showing all employees, listed individually, with days and hours of work.
- How will you recruit and train new personnel? What are your ongoing plans for training personnel?
- Describe your program planning process including:
 - a formal process for program planning and evaluation.
 - quality control and program monitoring measures
 - quantifiable client centered outcome measures.

13. Program Structure

- Complete daily schedule for the youth in your program for a school day, weekend/ holiday and summer/vacation time periods. Be specific about the activities offered.
- Describe your staff to resident ratio.
- How will staff interact with youth in your program?

Section 2 - The Financial Management Plan

In addition to start-up costs, the State recommends the availability of 3-6 months of operational funds. You will need to determine how you will have those funds available.

Some considerations are:

- There are fees and expenses attached to starting up a small business and incorporating.
- There will be a time lag of several months, from the time your physical facility completes licensure and you get the first child into your program.
- Maryland has a retrospective, reimbursable payment system for youth in residential facilities. The turn around from the time you bill the placement agency until you receive the money is 30 - 60 days depending on your timely submission of the bill to the placement agency.
- The time between accepting your first child and reaching full capacity could take several months. This is because acceptance of children is a matching process that includes such factors as the child's needs, the type of program you offer, the needs and problems of children already in your program, the age composition of your current population, and the stability of the current population.

Start-up Costs:

- Provide an itemized list of anticipated start up costs.
- What will be your source of start-up money?
- How will you cover unexpected start-up expenses?

Operating Budget:

- Complete the preliminary annual budget form.
- Complete the personnel detail form, listing all employees and consultants individuals separately, showing number of hours worked annually and annual salary.
- How will you cover the first few months of operating expenses?
- What are your plans for building a cash reserve to cover unexpected major expenses and times when your program is not full?